Department of Health and Social Security
and the Welsh Office

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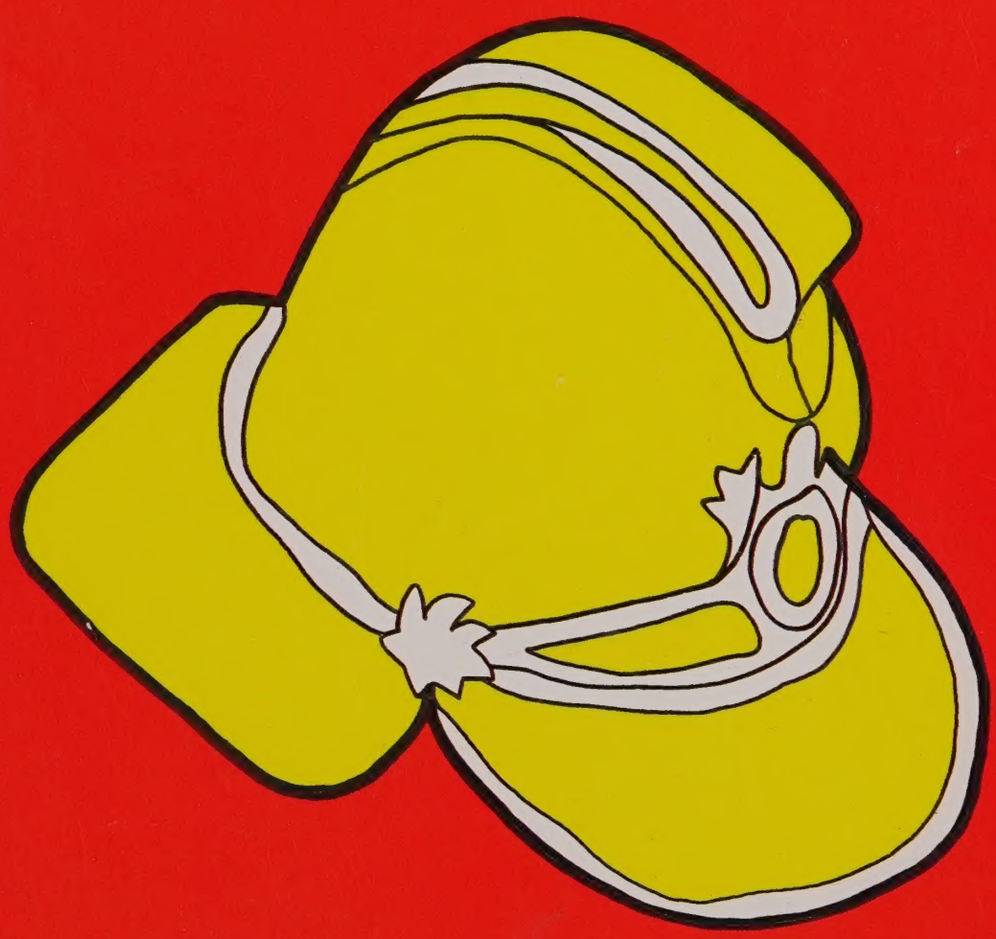
ROSEMARY GLANVILLE
MARU: Environmental Design
Polytechnic of North London
Holloway Road, London N7 8DB

FIRECODE

Policy and Principles



Department of Health and Social Security
and the Welsh Office

FIRECODE

Policy and Principles

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FIRECODE brings together in one comprehensive suite of documents the Department's policy and technical guidance on fire precautions in hospitals and other NHS premises.

Basic policy, principles and key management guidance are contained in *Firecode: Policy and Principles.* Other *FIRECODE* documents include the *Health Technical Memoranda* '80' series (which give technical guidance on various building, engineering and equipment issues) and the *Fire Practice Notes* series (dealing with various specialist aspects of fire precautions) and Nucleus guidance. Existing HTMs will, in due course, be reissued in *FIRECODE* format. The suite includes *Firecode: Directory of Fire Documents* which lists references to relevant legislation and relevant fire precautions guidance issued by non-DHSS sources (as, for example, the Home Office).

For the convenience of the user, a *FIRECODE* binder and slip case are available for the storage of the constituent *FIRECODE* documents. The binder includes details of the publications which make up *FIRECODE.*
The *FIRECODE* binder, reference ISBN 0 11 321097 3, is available from HMSO Books, PO Box 276, Nine Elms Lane, London SW8 5DT.

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I. Introduction

1.1 Fire is a potential hazard in all NHS premises. The consequences of fire in hospitals and other health care premises can be especially serious because of the difficulties and dangers associated with the emergency evacuation of patients, many of whom may be highly dependent. The aim therefore must be to ensure that if possible outbreaks of fire do not occur and that, if and when outbreaks do occur, they are rapidly detected, effectively contained and quickly extinguished. This means that overall fire safety will depend on physical factors (such as building design and construction together with equipment and furnishings), on the installation and proper maintenance of detection and alarm systems, and also, crucially, on current local policies for handling emergencies and on staff training in all these matters.

1.2 'Firecode: Policy and Principles' summarises in chapter II the statutory requirements which health authorities are required to observe in all premises for which they are responsible. *Quite apart from the question of statutory obligations, the Secretary of State requires all health authorities to take suitable and effective precautions against fire in hospitals and other premises for which they are responsible.* Chapter III, therefore, sets out, consolidated and updated as necessary, basic policy guidance on the organisation and management of fire precautions in NHS premises. Finally, chapter IV briefly summarises the principles of fire safety underlying the more specialised and technical guidance contained in other documents in the FIRECODE series.

II. Statutory Requirements

2.1 The principal statutory requirements bearing on fire safety in NHS premises are the Building Act 1984, the Fire Precautions Act 1971, and the Health and Safety at Work etc Act 1974, together with the various regulations and orders made under these Acts. Also relevant are the Registered Homes Act 1984, the Housing Act 1985 and requirements contained in various items of subordinate legislation (for example, on fuel storage in the Petroleum (Consolidation) Act 1928).

Local fire authorities' statutory duty to advise

2.2 The Fire Services Act 1947 places on local fire authorities a statutory duty to give advice on fire precautions when requested to do so. *Health authorities are expected to take advantage of this facility by seeking the advice and assistance of the Chief Fire Officer of the local fire authority in defining the policies and programmes for fire precautions in hospitals and other NHS premises and on any proposal to alter or develop the estate* (see paragraph 3.2 below).

2.3 Fire authorities should not however be expected to formulate strategies or design proposals on behalf of the health authority.

The Building Act 1984 and Building Regulations 1985

2.4 For the purpose of the Building Act 1984 and the Building Regulations 1985 (SI 1985 No 1065) made under that Act, NHS authorities are regarded as Crown authorities. Section 44 of the Building Act provides that the substantive requirements of Building Regulations shall apply to Crown authorities. Section 44 has, however, not yet been brought into force by the making of a Commencement Order under Section 134 of the Act. This means that, for the time being, NHS authorities are exempt from the requirements of both the Building Act 1984 and the Building Regulations 1985. But see paragraph 2.16.

2.5 This exemption notwithstanding, the Secretary of State's intention for many years has been that *health authorities should comply voluntarily with the substantive requirements of the Building Regulations.*

2.6 *This means that all buildings being erected, extended or altered must comply with the Building Regulations 1985 and also with the requirements set out in the publication entitled 'Mandatory Rules for Means of Escape in Case of Fire', published by HMSO.*

2.7 The 'Mandatory Rules for Means of Escape in Case of Fire' only cover certain offices, shops, flats and maisonettes, irrespective of whether these are contained within hospitals or are separate buildings. *The key document for means of escape requirements in hospitals is 'Firecode: HTM 81 - Fire Precautions in New Hospitals' 'Firecode : Nucleus Fire Precautions Recommendations',* the recommendations of which rely on compliance with (and in some instances set a higher standard than) Approved Document B2/3/4 'Fire Spread' published by HMSO. This latter document covers structural fire precautions for all building types and health authorities should comply with it. Paragraph 2.12 below refers to guidance for existing hospitals.

The Fire Precautions Act 1971

2.8 The Fire Precautions Act 1971 empowers the Home Secretary to designate particular uses of premises. *When a particular use has been designated, the owners or occupiers of premises which are put to this use are required to apply for and hold fire certificates which specify the use, the means of escape in case of fire, the fire fighting equipment and the warning systems to be provided.* Fire certificates may also impose specific requirements designed to ensure the satisfactory maintenance of the specified means of escape, equipment and warning systems - and also to ensure that persons employed to work in designated premises receive appropriate (and properly recorded) fire precautions training.

2.9 Although the use of premises as a hospital has not been designated under the Fire Precautions Act 1971, premises (including NHS premises, or parts of NHS premises) used as offices, shops and factories have been designated. The definitions are:

> 'Offices' or 'Shops' as defined by the Offices, Shops and Railway Premises Act 1963.
>
> 'Factories' as defined by the Factories Act 1961.

Depending on the number and location of people employed in designated premises, a fire certificate may be required. (Certain factories - eg factories containing explosive or highly flammable materials in or under the premises - may require a fire certificate irrespective of the numbers of persons employed.)

2.10 For the purposes of the Fire Precautions Act 1971, premises owned or occupied by health authorities are regarded as premises owned or occupied by the Crown and the requirement to have fire certificates for premises put to designated uses applies to them. However, fire certificates for Crown premises are issued by the Home Office Fire Service Inspectorate. In this respect, provision for premises owned or occupied by the Crown differs from that for other premises, for which fire certificates are issued by local fire authorities. Fire certificates *which should be displayed* are automatically invalidated when alterations to the premises are carried out.

2.11 Practical guidance on the basic standards which are required for fire certificates for office, shop and factory premises is given in Home Office Guides, as follows:

Home Office Guide No 2 'Fire precautions in factories'

Home Office Guide No 3 'Fire precautions in offices, shops and railway premises'.

2.12 The Home Office has also published a 'Draft Guide to Fire Precautions in Hospitals', which is intended to promote uniformity of approach in the advice given by fire authorities on means of escape and related fire precautions in existing hospitals designed before DHSS guidance eg HTM 81 (draft, 1978) and/or Nucleus guidance was available. Although this draft Guide has no statutory force, it is an indication of the standards towards which health authorities should be working in existing hospitals.

2.13 In case of doubt as to whether any particular part of a hospital or other NHS premises is being put to a designated use, the Home Office Fire Service Inspectorate should be consulted in order to ascertain whether a fire certificate is required. A decision may be needed in the case of, for example:

Central Sterile Supplies Departments

Theatre Sterile Supply Units

Pharmaceutical Departments (Manufacturing)

Medical Photographic Departments (Processing area)

Pathology Laboratories

Radiotherapy Shielding Workshops

Radiological Departments

Renal Units

Workshops in psychiatric and other hospitals

Hospital kitchens of an industrial nature

Highly flammable liquids and liquified petroleum gases.

The Fire Safety and Safety at Places of Sport Act 1987

2.14 The Fire Safety and Safety at Places of Sport Act 1987 amends the Fire Precautions Act 1971 by providing that future designation orders may define categories of premises (within a designated use) which can be exempted from the requirement to have a fire certificate if the fire authority considers that the premises represent a low risk. Exempted premises would however remain subject to a statutory duty to have adequate means of escape and fire fighting equipment. The relevant sections of the Act have not yet (autumn 1987) come into force and no designation orders defining the potentially exempt categories of premises have yet been made.

Health and Safety at Work etc Act 1974

2.15 The Health and Safety at Work etc Act 1974 places on employers a general responsiblity for protecting the health, safety and welfare of their own employees and others who may be affected by their activities. This includes the provision of safe means of access and egress. Employers are responsible for providing such information, instruction, training and supervision as is necessary to ensure the health and safety at work of their employees. Although fire precautions are in general a matter for the fire authorities and/or (in connection with fire certificates) the Home Office Fire Inspectorate, the inspectors of the Health and Safety Executive are responsible for control over "process" risks - that is risks, including the risk of outbreaks of fire, associated with particular processes and substances, and may well have their own recommendations, particularly in the case of specialist departments engaged in manufacturing processes and/or storage of hazardous substances.

2.16 In general, the Health and Safety at Work etc. Act places a responsibility on all employers and employees to observe health and safety. In this sense, employees who disregard the fire safety implications of any of the foregoing Acts may be liable to prosecution under the Health and Safety at Work etc. Act 1974.

Registered Homes Act 1984

2.17 The Registered Homes Act 1984 is the primary legislation governing the registration and inspection of nursing homes (and private hospitals) in England and Wales. The functions given to the Secretary of State by this Act have been delegated to district health authorities by the NHS Functions (Directions to Authorities and Administration Arrangements) Amendment Regulations 1984 (SI 1984 No 1577). Detailed statutory requirements, including requirements as to fire precautions and training, are set out in the Nursing Homes and Mental Nursing Homes Regulations 1984 (SI 1984 No 1578) and the Nursing Homes and Mental Nursing Homes (Amendment) Regulations 1986 (SI 1986 No 456).

2.18 *Guidance on the registration and inspection of nursing homes and private hospitals* is given in the following documents:

HC(81)8 Registration and Inspection of Private Nursing Homes and Mental Nursing Homes (including hospitals).

HC(84)21 Registration and Inspection of Private Nursing Homes and Mental Nursing Homes (including private hospitals).

A Handbook for Health Authorities: Registration and Inspection of Authorities Nursing Homes', published by the National Association of Health Authorities in England and Wales (1985).

NHS housing in the community: the Housing Act 1985

2.19 The development of care in the community, rather than in institutions is leading increasingly to the provision by health authorities of homes in the community for mentally ill and mentally handicapped people, many of whom would formerly have been hospital in-patients. An order - The Housing (Means of Escape from Fire in Houses in Multiple Occupation) - SI (1981) No 1576 - made under powers now consolidated in the Housing Act 1985, imposes on houses of 3 storeys or more with a total combined floor area exceeding 500 square metres, statutory requirements as to means of escape from fire. Because, in general, NHS houses are below 3 storeys, they would not be subject to those requirements *It is, nevertheless, important to ensure that all necessary fire safety measures as detailed in 'Firecode:HTM 88 - Fire Safety in Health Care Premises - Guide to Fire Precautions in NHS Housing in the Community for Mentally Handicapped (or Mentally Ill) People' are carried out in these homes.*

2.20 Where housing is put to a use defined as 'institutional' under building and planning legislation, the Home Office Draft Guide to Fire Precautions in Existing Residential Care Premises will probably apply. Advice should be sought from the local fire authority.

III. The Organisation and Management of Fire Precautions in NHS Premises

3.1 In addition to ensuring that all statutory requirements relating to fire safety and fire precautions are observed in all buildings for which they are responsible, the Secretary of State expects each health authority to have appropriate local fire precautions policies and programmes.

Local fire precautions policies and programmes

3.2 *Specifically, each health authority must have (i) a clearly defined fire precautions policy and (ii) for each of its premises a programme, prepared with the advice and assistance of the local Chief Fire Officer, for installing and satisfactorily maintaining an adequate level of physical fire precautions designed to prevent the occurrence, ensure detection and warning and to stop the spread of fires.* The programme should also include plans for (a) raising the alarm in case of fire, (b) fire fighting, (c) the movement or evacuation of patients and staff in an emergency and (d) appropriate and formally recorded staff training in all these matters.

3.3 These clearly defined fire precautions policies and programmes are essential regardless of whether any particular NHS premises (or any part of such premises) is put to a use designated under the Fire Precautions Act and is, thereby, required to be issued with a fire certificate. Authorities' fire precautions policies and programmes must not remain static; *they need to be regularly reviewed and updated to take account of changes in the structure of buildings, their functions and contents and any other matters which may have a bearing on fire safety.*

Managerial responsibility

3.4 Following the introduction of general management at all levels of the NHS, the overall responsiblity for performance of each health authority's duty in respect of fire precautions and fire safety devolves on the appropriate regional or district (or SHA) general manager. *The authority's general manager is therefore responsible for ensuring the implementation of this guidance in all premises owned or occupied by the authority.*

Nominated Officers (Fire)

3.5 The authority's general manager should ensure that in each hospital or health service premises an existing member of staff is nominated to:

a. supervise the day-to-day maintenance of fire precautions

b. ensure that all staff participate regularly in training and fire drills, and

c. arrange for the co-ordination and direction of staff action in a fire emergency.

These *Nominated Officers (Fire)* should be directly responsible to the appropriate unit general manager for their fire precautions duties and should be of sufficient seniority for them to be able to carry out the whole range of their duties effectively and to take command in an emergency.

3.6 The Nominated Officer (Fire) should have one or more acknowledged deputies, so as to ensure that a responsible person is always available when he is absent. It is not appropriate for Fire Safety Officers or Specialist Fire Prevention Officers (see paragraphs 3.10 and 3.11 below) to be appointed as Nominated Officers (Fire).

General duties and responsibilities

3.7 The specific duties and responsiblities devolving on general managers and assigned to Nominated Officers (Fire) must not be allowed to obscure the fact that all staff have duties and responsiblities in respect of fire safety and fire precautions, and, in particular, that *all line managers are responsible for ensuring that fire safety instructions are brought to the attention of - and observed by - their own staff and that every member of their own staff participates in fire precautions training.* Effective training for all staff without exception - medical, nursing, technical, domestic and administrative - is of vital importance and all staff should have both basic instruction in fire precautions and training appropriate to their own particular category and specific needs. It is essential that every member of staff in the NHS (a) understands the character of fire, smoke and toxic fumes, (b) knows the fire hazards involved in the working environment, (c) practices and promotes fire prevention and (d) knows instinctively the right action to take if fire breaks out.

3.8 *It is the duty of every member of staff (and this should be emphasised in training) to report to management any instances where proper procedures are not being implemented,* eg fire doors wedged open, escape routes blocked by furniture or accumulations of rubbish, hazardous or flammable materials adjacent

to escape routes, faulty electrical equipment and gas appliances etc.

3.9 Among the most important aspects of fire prevention in hospitals are the obvious dangers from smoking, the possibility of deliberate fire raising and the need for a range of good housekeeping measures. Advice on combating the risks from smoking and deliberate fire raising, as well as a list of good housekeeping practices, is included in 'Firecode: HTM 83 - Fire Safety in Health Care Premises - General Fire Precautions'. chapter 3.

Fire Safety Officers

3.10 Health authorities may appoint *Fire Safety Officers* to any unit with more than 800 beds, or to any unit with comparable fire safety requirements. The duties of Fire Safety Officers are, broadly, to ensure inspection of fire fighting appliances and other equipment, to check fire alarms, to maintain records and to assist with training. Additional information is contained in the Handbook of the Ancillary Staffs Whitley Council.

Specialist Fire Prevention Officers

3.11 Health authorities may also appoint *Specialist Fire Prevention Officers* to complement the advisory functions of the fire brigade. They will be responsible for advising on technical fire matters and for monitoring the state of fire precautions in health service premises and their duties are likely to cover:

a. Advising on fire precaution measures generally and recommending the order of priorities.

b. Surveying and reporting on the standard of fire safety in health service premises and on the adequacy of staff training in fire precautions.

c. Preparing training programmes and liaising with the Nominated Officer (Fire) in the organisation of fire drills and the training of staff. He should be notified of, and wherever possible attend, fire drills and should keep records of staff training and fire drills so that he is aware that these are being regularly and efficiently carried out.

d. Co-operating with local fire brigade officers in the inspection of buildings and the investigation of outbreaks of fire.

e. Keeping records of fires and when necessary preparation of fire reports.

f. Liaising with other bodies having mandatory or advisory fire precautions responsiblities.

g. Managing the Fire Safety Officers.

Health authorities should consider, within the limits of available resources and bearing in mind their statutory and other responsibilities as explained above, how many Specialist Fire Prevention Officers may be required depending on local circumstances.

Voluntary fire brigades

3.12 A number of voluntary fire brigades exist in the NHS, mainly in isolated mental illness and mental handicap hospitals. The policy of the Department is that authorities should continue to maintain these brigades where they judge them to be necessary. Fees and conditions of service are regularly reviewed by the Department's Health Authority Personnel Division pending any agreement which may be reached by the General Whitley Council.

The role of regional health authorities

3.13 *Regional health authorities, in addition to responsiblity for implementing this guidance in respect of their own premises, are also responsible for monitoring the implementation and continuing observance of this guidance by district health authorities,* paying particular attention to staff training, frequency of fire drills and adequacy of fire alarms.

Reporting of fires

3.14 The collection of data from incidents of fire occurring in hospitals and health care premises is important, and many lessons have been learnt from routine reports as well as from the comparatively few serious fires experienced in the NHS. These lessons are taken into account when preparing and amending Departmental guidance; they also inform the discussions of the National Fire Policy Advisory Group, which includes representatives of the Department, the NHS, the Home Office, the Department of the Environment, the Fire Research Station and others.

3.15 Trivial outbreaks of fire that are rapidly extinguished and do not result in injury to the person or damage to property, eg smouldering paper in waste paper baskets due to carelessly thrown cigarette ends, need not be reported, but serious fires (defined as fires involving death or serious injury, closure or evacuation of a ward or a significant part of a hospital, or destruction of a significant part of a room) should always be reported.

Reporting procedures

3.16 *Details of any serious outbreak of fire (as defined above) occurring in any premises under the control of a health authority should be reported promptly (within 48 hours) to DHSS, RL Division, by the regional health authority concerned.* Fires involving multiple death, multiple injury or damage on a serious scale should be notified immediately. The report of a serious fire should include, in addition to the details of injury and damage, any information to hand on the cause of the outbreak, measures taken to deal with it, problems encountered, suggestions for remedial action and any other particulars that appear relevant. A rough assessment of the cost involved should

also be included if possible. RHAs should establish appropriate procedures, compatible with the timescale outlined above, for the reporting of fires to them by DHAs.

IV. Principles of Fire Safety in Hospital Buildings

4.1 The basic principles of physical fire precautions and fire safety are very simple. They are to ensure (a) that if at all possible outbreaks of fire do not occur, (b) that fires which do occur are rapidly detected and an alarm given, (c) that the development and spread of any fire is delayed and contained as long as possible, (d) that endangered areas are evacuated and (e) that the fire is rapidly extinguished. There must be for everyone on the premises a safe means of escape. These principles have fundamental implications for building design, for their mechanical and electrical systems and for their equipment, including furniture, fixtures and fittings. This final chapter of 'Firecode: Policy and Principles' shows how these principles apply to NHS premises, cross-referring where necessary to the other more specialised and technical documents in the FIRECODE series.

Means of escape

4.2 *The basic concept is that the occupants of a building should be able to turn their backs on a fire, wherever it occurs, and travel away from it directly through circulation spaces and stairways to a place of safety outside the building.* This principle, applied in Department guidance such as 'Firecode: HTM 81 - Fire Precautions in New Hospitals', 'Firecode : Nucleus Fire Precautions Recommendations',and the Home Office 'Draft Guide to Fire Precautions in [Existing] Hospitals', requires that all escape routes should eventually lead to a place of ultimate safety, free from the effects of fire and smoke. In newer hospitals this will normally be the hospital street, under the principle of Progressive Horizontal Evacuation. It is also essential that in all except a few very limited circumstances there should be an alternative means of escape from any point in a hospital should the normally accepted escape route become blocked or dangerous to use. Access and egress must at all times be unimpeded by unnecessary obstacles; instructions in respect of fire doors etc must be strictly enforced. Building or engineering work in progress should never be allowed to override these arrangements.

4.3 Designers also have to bear in mind the need to provide suitable access for the fire brigade to the site, and the facility to move appliances and equipment around or into the buildings on the site.

Structural fire precautions

4.4 In addition to providing the best possible means of escape should fire break out, it is essential that health buildings incorporate structural fire precaution measures in their design, utilising to this end compartmentation and the latest fire resistant materials and methods of construction. Departments and areas of high fire risk - such as kitchens, laundries, laboratories, boiler houses, workshops etc - should not be situated in close proximity to high life-risk areas, but in cases where this is unavoidable, additional precautions in the form of enhanced fire resistant construction and/or the installation of mechanical devices such as sprinklers will be necessary. *A fire plan of the hospital buildings indicating escape routes, compartmentation and other fire resistant construction should be maintained and copies held by the fire officer and works officer. In the event of subsequent alterations to the premises, the fire plan should be consulted to ensure that fire safety integrity is not breached.*

Detection and warning systems

4.5 The primary function of the detection and warning system is to alert staff and to initiate the planned responses, including the calling of the fire brigade and appropriate fire fighting and evacuation procedures. Any proposals for new or modified warning systems will, therefore, have direct and immediate implications for the whole fire precautions strategy. *This means that designers or specifiers of warning systems for hospitals need to develop their proposals in close liaison with those responsible for overall fire precautions policy and programmes, including staff training.* Guidance on fire warning systems is contained in 'Firecode: HTM 82 - Alarm and Detection Systems'.

Fire fighting equipment

4.6 Depending on the types of fire hazard present in different parts of hospital premises, there will be a need for first aid fire fighting equipment including hose reels, portable extinguishers and fire blankets and fixed fire fighting equipment including sprinklers, foam inlets and gas flooding systems. Generally speaking, hose reels or portable fire extinguishers should be provided to cover all areas of the hospital. In certain areas where there is a special fire risk, for example flammable liquids or electrical equipment where water will be an unsuitable medium, extinguishers of an appropriate non-water type should be installed. Details of appropriate equipment for new buildings are included in 'Firecode: HTM 81 - Fire Precautions in New Hospitals' and for existing buildings in the 'Draft Guide to Fire Precautions in Hospitals'.

Furniture, fixtures and fittings

4.7 Having taken all the necessary fire precaution measures relevant to the design and structure of the premises, it is essential that the contents comprising furniture, fixtures and fittings, including mechanical and electrical equipment, receive careful consideration. Many fires are started through faulty or inadequately maintained equipment. Similarly, the spread of fire is often facilitated by the presence of flammable furniture and furnishings, which can also generate highly toxic gases and vapours when they burn. Equipment can also become a hazard when it is used in circumstances or ways that were not foreseen when it was purchased. *There is a standing requirement for health authorities to report immediately details of hazards associated with defective equipment (HN(83)21 refers).* When necessary the Department will then issue a general warning to health authorities by means of a Safety Information Bulletin or a Hazard Notice. Research is continuing into the use of fire retardant materials in the most vulnerable areas of hospital premises; guidance based on the findings of this research will be included in FIRECODE as soon as it becomes available.

4.8 'Firecode: HTM 87 - 'Fire Safety in Health Care Premises - Furniture, Furnishings, Bed Assemblies, Apparel' gives detailed guidance on these items, and further information on furniture and equipment etc is given in the following paragraphs.

4.9 The NHS Centre of Responsibility (COR) for the supply of NHS furniture is the South Western Regional Health Authority, supported as required by the Furniture Industry Research Association. In addition to the guidance contained in 'Firecode: HTM 87', useful information may be found in a Report of the National Working Party, "High Risk Storage Furniture" produced by the COR in 1986.

4.10 It is important to note that within the 'Totally Soft Play Environment' for children and handicapped patients - or in any equivalent environment also involving large amounts of polyurethane foam - especially stringent fire precautions are required. Safety Information Bulletin (87)2 refers.

Textiles

4.11 The NHS Centre of Responsibility (COR) for the supply of NHS textile products is the Northern Regional Health Authority, supported as required on fire matters by the Supplies Technology Division of the Department's Procurement Directorate. Fire safety considerations for furnishings, bedding and mattresses, and apparel are contained within 'Firecode: HTM87', as explained above.

Electrical equipment

4.12 The mains isolator for any item of electrical equipment should be so located as to be readily accessible in the event of a fire. *All electrical equipment and its wiring should be used safely in the manner intended and should be checked periodically.* In particular, the inspection should ensure that appropriately rated fuses are fitted.

4.13 *Staff should be given clear instructions on key points, for example:-*

a. Electrical equipment should be switched off, and preferably unplugged, when not in use or unattended, especially overnight.

b. No attempt should be made to carry out any unauthorised adjustment or repair to electrical equipment.

c. No private electrical appliance should be used until it has been checked and approved for use.

d. Any suspect electrical equipment must be immediately withdrawn from service and reported to the officer responsible for electrical maintenance.

Further advice is given in 'Firecode: HTM 83 - Fire Safety in Health Care Premises - General Fire Precautions'.

Chemicals, solvents and anaesthetics

4.14 Guidance is contained in 'Firecode: Fire Practice Note 2 - Storage of Flammable Liquids', Works Officer letter WKO(85)1 and 'Firecode: HTM 83 - Fire Safety in Health Care Premises - General Fire Precautions'.

Summary of Action

Secretary of State requires all health authorities to take suitable and effective precautions against fire in hospitals and other premises for which they are responsible (1.2)

The advice and assistance of the Chief Fire Officer of the local fire authority to be sought when defining the policies and programmes for fire precautions in hospitals and other NHS premises (2.2 and 3.2)

All NHS buildings being erected, extended or altered must comply with the Building Regulations 1985, the requirements of 'Mandatory Rules for Means of Escape in Case of Fire' and HTM 81 (2.4 - 2.7)

A fire certificate to be obtained for certain categories of premises (2.8 - 2.13).

Procedure required for registration of nursing homes (2.17 - 2.18).

Fire safety measures as detailed in HTM 88 to be applied in NHS controlled homes for the mentally handicapped and mentally ill (2.19).

Every health authority to have a clearly defined fire precautions policy and, for each of its premises, a programme to prevent, detect and stop the spread of fire (3.2 - 3.3).

The authority's general manager to be responsible for ensuring the implementation of this Firecode guidance in all premises for which the authority is responsible (3.4) Appointment of Nominated Offices (Fire), Fire Safety Officers, and Specialist Fire Prevention Officers (3.5, 3.6, 3.10 and 3.11).

All officers with line management responsibility to ensure that fire safety instructions are brought to the attention of and observed by their own staff, and all members of staff to participate in fire prevention training (3.7).

Ensure that particular fire hazards are reported to management (3.8).

Responsibilities of regional health authorities for monitoring the implementation and continuing observance of this guidance by district health authorities (3.13).

Serious fire outbreaks to be reported (3.14 - 3.16).

Adequate means of escape from premises and effective fire alarm and detection systems must be provided (4.2 and 4.5).

A fire plan of the premises indicating details of fire resisting construction and escape routes should be maintained (4.4).

Details of faulty equipment must be reported to the Department (4.7)
Clear instructions to be given to staff on use and maintenance of electrical equipment (4.12 - 4.13).

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